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|  | inclusion | exclusion |
| 18번 논문 | 1) clear clinical signs for  nerve root irritation, with/without low back pain  2) neurogenic claudication as defined by herniated disc limiting ambulation and/or standing tolerance  3) a history of exercise intolerance  4) a 6-week minimum of unsuccessful conservative  Treatment  5) initially acute attacking with severe symptom and prolapsed disc, supported by magnetic resonance imaging  and computed tomography. | 1) disc protrusion  without radiculopathy, chronic discogenic pain,  2)pyogenic discitis or other infections  3) disc herniation associated  with spondylolisthesis,  4) widely lumbar stenosis. |
| 19번 논문 | 1) clinical evidence of disk herniation at 1 disk level  from L1 to S1  2) 3 to 6 weeks of conservative treatment  that failed to improve major motor weakness, intractable leg pain, and functional impairments.  3) All patients included in  this study had intractable radicular symptoms such as  sciatica, a positive straight-leg raising test, and sensory  and/or motor disturbances. 4)This study included unilateral  intracanal and foraminal soft herniations of 1 level. | The cases with recurrent herniation far lateral herniation and  those with incomplete fragment removal after previous surgical intervention at the index level, spinal stenosis, and  segmental instability including spondylolisthesis were excluded  from the study group. |
| 20번 논문 | 1) the presence of a posterolateral herniated lumbar  disc observed on magnetic resonance imaging scans  2)the persistence  of sciatica after 4 to 8 weeks of conservative treatment with rest,  analgesia, nonsteroidal anti-inflammatory drugs, and physical therapy. | 1)age older than 60 years, 2)previous surgery, associated lumbar spine stenosis, foraminal or extraforaminal  disc herniations, spondylolisthesis, and workers’ compensation  payments |
| 21번 논문 | 1) applied the following inclusion criteria for the TF access if the herniated disc was within the spinal canal:  (1) sequestering of material located cranially below the lower  edge of the cranial pedicle or caudally not over the middle of  the caudal pedicle, and (2) lateral radiologic evidence that the  foramen was not overlaid by the pelvis beyond the middle of  the cranial pedicle.  2) The inclusion criteria for IntraLaminal access were disc herniations  located mainly inside the spinal canal, which in our experience  were technically difficult to treat using the TF technique given  the aforementioned criteria. | 안나왔음 |
| 22번 논문 | (1)chronic pain, occurring daily, for at least 3 months, and at  least 20 h a day, refractory to [6 weeks of conservative  treatment  (2) chief complaint of pain and/or numbness in  the lumbar spine, buttock, and/or lower extremity  (3) age(>21 years and <76 years)  (4) duration of current episode <16 days (judged from the patient’s self-report) (5)symptoms extending distal to the knee (judged from the  pain diagram)  (6) stiffness in the lumbar spine (judged  from segmental mobility testing)  (7) signs consistent with  nerve root compression, including any one of the following:  (a) reproduction of low back or leg pain with straight  leg raise <45°; (b) muscle weakness involving a major  muscle group of the lower extremity; (c) diminished lower  extremity muscle stretch reflex (quadriceps and Achilles  tendon); (d) diminished or absence of sensation to pinprick  in any lower extremity dermatome  (8) MRI or CT demonstrating  anatomical unilateral LDH correlating with the  patient’s symptoms. | 안나왔음 |